

**REQUEST FOR AUTHORIZATION OF TRAVEL
AND MOVING EXPENSES**

NOTE TO EMPLOYEE: Travel information is needed for issuance of a valid Travel Order which you must have in your possession in order to claim reimbursement for travel, transportation, and applicable allowances provided by the Federal Travel Regulations (FTR). If you wish authorization for the cost of travel, transportation and applicable expenses as provided by the FTR and agree to repay this cost in case you do not remain with the Government for at least twelve (12) months, complete this form. **DO NOT BEGIN TRAVEL OR INCUR EXPENDITURES UNTIL AFTER YOU SIGN THIS FORM AND RECEIVE AUTHORIZATION ON AN APPROVED TRAVEL ORDER.** A COPY OF THIS FORM MUST BE ATTACHED TO THE TRAVEL ORDER. For reimbursement of expenses, travel documents related to this relocation should be sent to the following payment center:

TYPE OF AUTHORIZATION: *(Check One)*

- (a) ☐ FIRST DUTY STATION *(New Appointee)*
(b) ☐ PERMANENT CHANGE OF OFFICIAL DUTY STATION

IF THERE ARE ANY QUESTIONS CONCERNING THE COMPLETION OF THIS FORM OR ANY OF THE ALLOWANCES LISTED, CONTACT:

(Name) _____ (Phone No.) _____

RETURN THIS FORM NO LATER THAN _____ TO:

REFERENCES ARE TO THE DOC TRAVEL HANDBOOK.

SECTION I - GENERAL INFORMATION *(to be completed by appointing official)*

1. NAME OF EMPLOYEE		2. OPERATING UNIT		3. SOCIAL SECURITY NUMBER	
IF BOX (a) ABOVE IS CHECKED, COMPLETE ITEMS 4-8	4. ADDRESS OF RESIDENCE AT TIME OF APPOINTMENT <i>(Street, City, State, Zip Code)</i>		5. ADDRESS TO WHICH TRAVEL ORDER SHOULD BE MAILED <i>(If different from item 4)</i>		
6. POSITION TO WHICH APPOINTED		7. LOCATION OF POSITION <i>(City, State)</i>		8. PROPOSED EFFECTIVE DATE OF APPOINTMENT	
IF BOX (b) ABOVE IS CHECKED, COMPLETE ITEMS 9-10	9. CHANGE OF OFFICIAL DUTY STATION <i>(City, State)</i> FROM: _____ TO: _____			10. PROPOSED REPORTING DATE AT NEW STATION	
SIGNATURE AND TITLE OF APPOINTING OFFICIAL			TELEPHONE NO.	DATE	

SECTION II - TRAVEL INFORMATION *(To be completed by employee)*

The information provided in this section will be used by the Authorizing Official to determine the appropriate allowances to be authorized. If box (a) above is checked, complete items 11-19 *(where applicable)*. If box (b) above is checked, complete items 11-25 *(where applicable)*.

11a. ADDRESS OF EMPLOYEE'S (OLD) RESIDENCE		11b. DISTANCE FROM OLD RESIDENCE TO OLD STATION		12. IS NEW STATION 50 MILES GREATER THAN THE DISTANCE IN 11b <i>(See FTR 302-1.1)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If no, do not complete this form. Relocation allowances are not authorized.)</i>	
13. MODE OF TRAVEL FOR WHICH AUTHORIZATION IS REQUESTED <i>(Privately owned vehicle, air, bus, train, etc.)</i>					
	MODE	DEPARTURE POINT	APPROXIMATE DATE OF		
			DEPARTURE	ARRIVAL	
a. FOR SELF					
b. FOR IMMEDIATE FAMILY					
14. IF YOU AND YOUR FAMILY WILL TRAVEL SEPARATELY, EXPLAIN					
15. NAMES OF IMMEDIATE FAMILY MEMBERS FOR WHOM AUTHORIZATION IS REQUESTED			RELATIONSHIP	CHILDREN'S BIRTH DATE	
16. USE OF MORE THAN ONE PRIVATELY OWNED AUTOMOBILE REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO					

SECTION IV - PRIVACY ACT NOTIFICATION

The following information is provided in compliance with the Privacy Act of 1974 (5 USC 552a). Solicitation of the information on this form is authorized by 5 USC, Chapter 57 as implemented by the Federal Travel Regulations, E.O. 9397 of November 22, 1943, E.O. 11012 of March 27, 1962, E.O. 11609 of July 22, 1971, E.O. 12466 of February 27, 1984, and E.O. 12522 of June 24, 1985. The Social Security Number (SSN) is mandatory and will be used as an employee identifier. The SSN serves as a primary validation for accountability and payment authorization in the Department of Commerce travel systems. Failure to provide the requested information will result in a delay in obtaining a valid Travel Order, Travel Advance and delay or suspension of claims for reimbursement.

SECTION V - TRAVEL AUTHORIZATION/CERTIFICATION (TO BE COMPLETED BY AUTHORIZING OFFICIAL)

The employee/appointee is authorized to travel and incur necessary expenses, as indicated on the attached Travel Order, Number _____, dated _____ issued in accordance with the Department of Commerce Travel Handbook. This relocation is in the interest of the Government and not primarily for the convenience or benefit of the employee or at his/her request.

Signature of Authorizing Official

Title

Date

SECTION VI - CERTIFICATION FOR SHIPMENT OF HOUSEHOLD GOODS (TO BE COMPLETED BY TRANSPORTATION OFFICER)

In accordance with 41 CFR 101-40.2, I certify that a cost comparison to determine the method to be used for shipment of household goods has been obtained from the General Services Administration (GSA) (copy attached). It has been determined that the most advantageous method to the Government for shipment of household goods for this relocation is:

☐ Commuted Rate - employee makes all arrangements with carriers and pays the carrier directly.

☐ Government Bill of Lading (GBL) - Government makes arrangements with the carrier and is responsible for payment to the carrier.

Signature of Bureau Official/Transportation Officer

Telephone Number

Date

SECTION VII - JUSTIFICATIONS/REMARKS

Use this space for justifications or remarks. Indicate item numbers to which justifications or remarks apply. If additional space is needed, use the back of this page or separate sheets of paper and attach to this form.

SECTION VIII - DISTRIBUTION

1 copy: Employee's official personnel file

1 copy: Office copy

2 copies for employee: (1) Copy (with GSA cost comparison) attached to the Travel Order submitted with the first reimbursement claim made on a Travel Voucher

(2) Employee's personal copy

1 copy: Relocation Services Coordinator, if applicable, with two complete copies of the Travel Order.